

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10/706630 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
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30	2					
31	1					
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TOTAL IND. 2
TOTAL DEP. 42
TOTAL CLAIMS 44

CLAIMS					
IND	DEP	IND	DEP	IND	DEP
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TOTAL IND. 2
TOTAL DEP. 42
TOTAL CLAIMS 44